ARMY MEDICINE
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UNITED STATES ARMY SUICIDE PREVENTION STAND DOWN

~~(RESOURCES FOR LEADERS)~~

DEPARTMENT OF BEHAVIORAL MEDICINE
Brooke Army Medical Center

19 Sep 2012

UNCLASSIFIED

SUICIDE PREVENTION STAND DOWN

PURPOSE

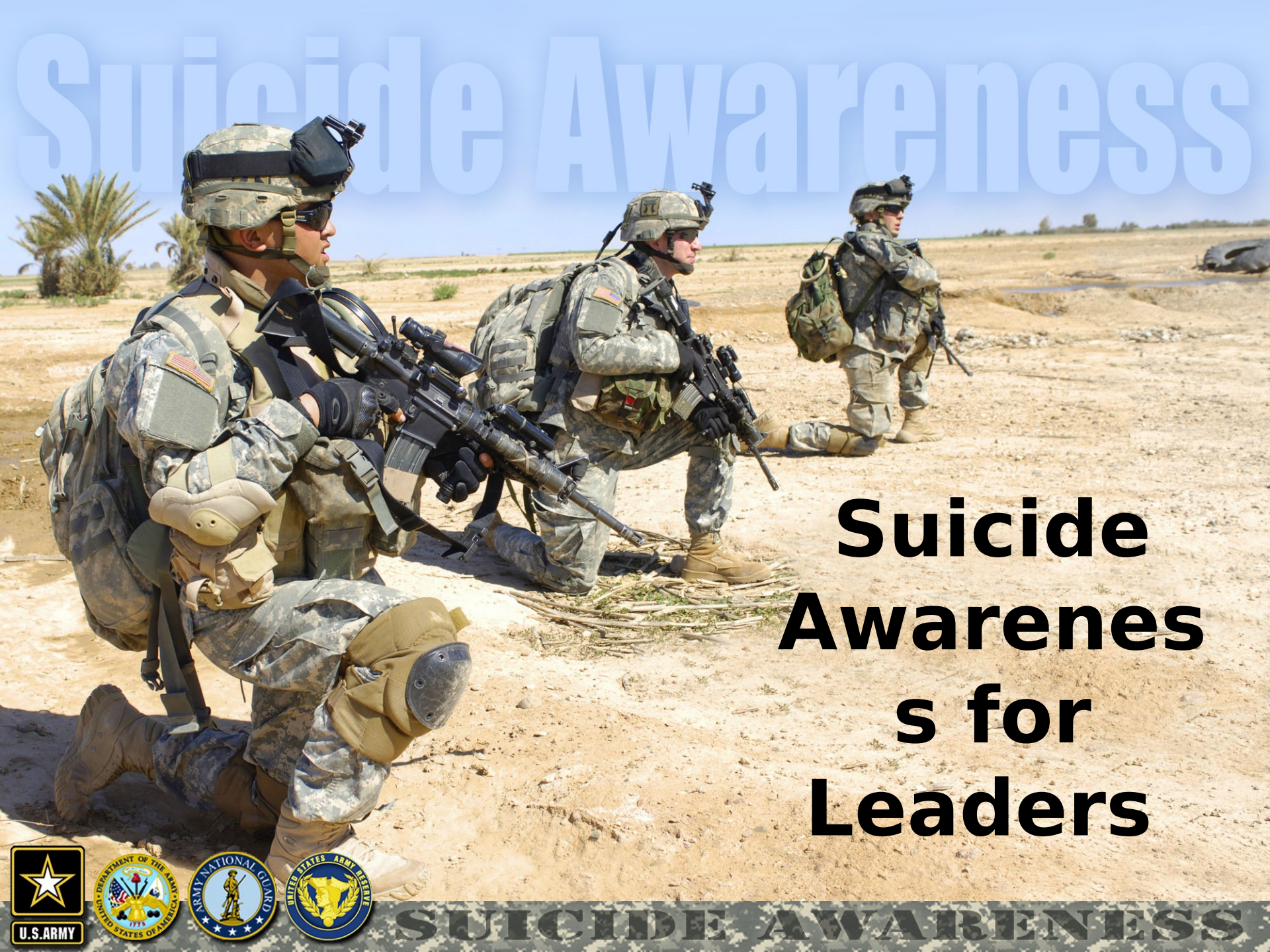
The purpose of this presentation is to assist leaders as they prepare to meet the requirements of OPORD 12-96, U.S. Army Suicide Prevention Stand Down, 27 SEP 12

SUICIDE PREVENTION STAND DOWN

AGENDA

- **Opening Remarks**
- **SMA Message on Suicide Prevention**
- **Presentation '*Suicide Awareness for Leaders*', LTC Marshall Smith**
- **Local Resources for Leaders (BAMC Website)**
- **Closing Remarks**

SMA'S MESSAGE
SUICIDE PREVENTION


Suicide Awareness
Suicide Awarenes s for Leaders
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SUICIDE AWARENESS

Agenda

- Bottom Line
- Addressing Stigma
- Vignettes
- Leader Actions-Safety Plan Development

Bottom Line for Leaders

- Suicide can be prevented, but we need your help.
- Create a trusting environment where Soldiers will feel that it is okay to ask leaders for help.
- “Earlier treatment leads to faster recovery”.

Bottom Line for Leaders
(continued)

- Establish a climate that seeking help is not a character flaw but is seen as a sign of strength.
- Know your Chaplain and behavioral health partners.
- Insist that outreach behavioral health services be available to your unit, as deemed appropriate.

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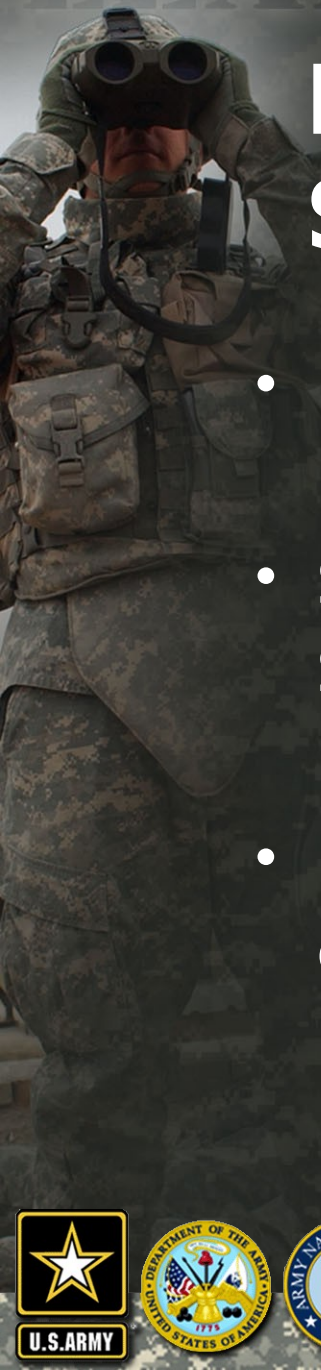
SUICIDE AWARENESS



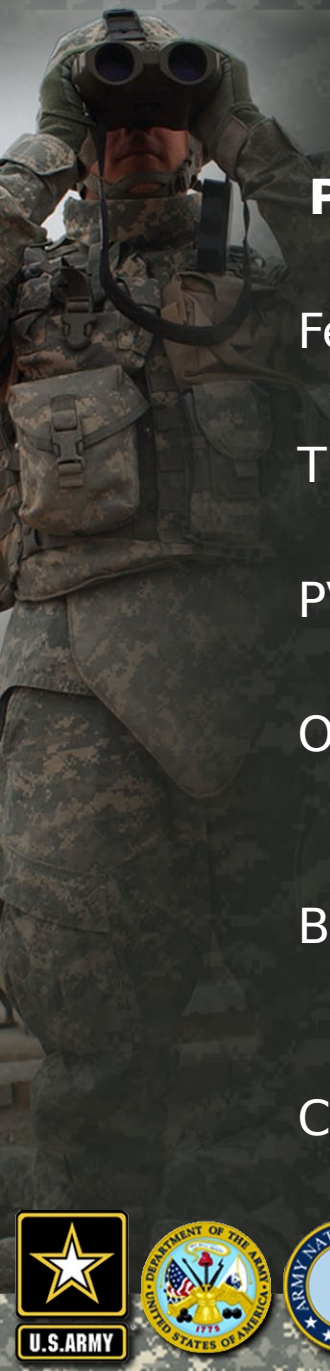
Leaders Can Reduce Stigma by:

- Not discriminating against Soldiers who receive behavioral health counseling.
- Supporting confidentiality between the Soldier and their behavioral health care provider.
- Reviewing unit policies and procedures that could preclude Soldiers from receiving all necessary and indicated assistance.

Leaders Can Reduce Stigma by:

(continued)

- Educating all Soldiers and Family members about anxiety, stress, depression, and treatment.
- Increasing behavioral health visibility presence in Soldiers' area (using the Combat Operational Stress Control tactics, techniques, and procedures: COSC; HQ DA, FM4-02.5(FM8-51)).
- Reinforcing the "power" of the buddy system in helping each other in times of crises (TRADOC Pamphlet 600-22).



Suicide Vignette # 1

PVT Jones, a 20 year old PVT

Few friends and recent APFT failure

Three successive romantic relationship failures

PVT Jones was placed in a supervised remedial PT program

On the day his remedial program was to begin, PVT Jones shot himself

Buddies said PVT Jones had mentioned suicide as well as going AWOL

Chain of command unaware

Suicide Vignette # 2

SSG Brown, a 24 year old married Soldier who was estranged from his wife

In a relationship with a local married female (husband deployed)

Counseled for an inappropriate relationship

SSG Brown lived with his girlfriend

Top performer in the unit

Girlfriend’s husband returning from deployment

Broke up with SSG Brown to prepare for her husband’s return

Soldier shot himself in girlfriend’s quarters

Suicide Vignette # 3

SFC Anthony, a high risk 39 year old Soldier

Over 20 diagnosed medical problems and on 12 different prescription medications

Going through IDES for multiple medical problems

Appealing a medical evaluation board (MEB)

No connection with his family and not in a relationship

SFC Anthony had a battle buddy who was also identified as a high risk Soldier

Found dead in the barracks after overdosing on medications and alcohol

Suicide Vignette # 4

MAJ Johnson, a 36 year old married officer

Reputation as a top-notch Soldier and leader

Recently PCS'ed into the unit

Spouse lived about 2 hours away

Had a few drinks at the unit Hail and Fairwell

Buddies knew he was driving home after drinking

Got pulled over on the way home (Arrested for DUI)

Suicide Vignette #5

SPC Garcia is a 22 year-old, married female

Going on R&R in 1 week

Thinks her husband is cheating on her and told squad leader

Developed safety plan with several options

Found husband living with another woman

Initially got a gun and was contemplating homicide/suicide

Thought about plan developed with squad leader

Intervention

A

Ask your buddy

- Have the courage to ask the question, but stay calm
- Ask the question directly, e.g. Are you thinking of killing yourself?

Care for your buddy

- Remove any means that could be used for self-injury
- Calmly control the situation; do not use force
- Actively listen to produce relief

Escort your buddy

- Never leave your buddy alone
- Escort to the chain of command, a Chaplain, a behavioral health professional, or a primary care provider

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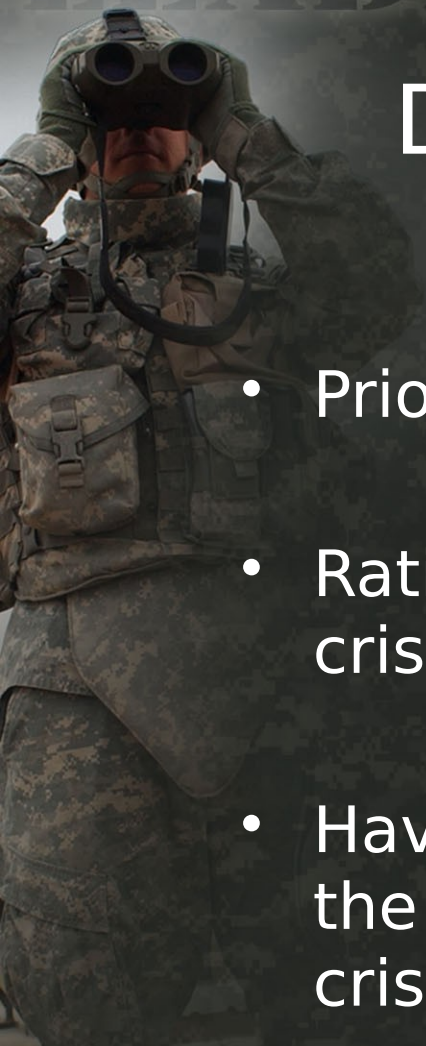

Developing a Safety Plan

- Prior planning optimizes performance
- Rational thinking is more difficult during a crisis
- Having a suicide prevention plan may give the service member options for dealing with crisis

What is a Safety Plan?

- Prioritized written list of coping strategies and resources for use during a suicidal crisis
- Helps provide a sense of control
- Uses a brief, easy-to-read format that uses the Soldier's own words
- Involves a commitment to staying alive

SAFETY PLAN
Emergencies: Call 911 or go to Emergency Department
Support's Name:
Address:
Phone:
Email:
Other Support (CoC, Chaplain, BH Provider)
Address:
Cell:
Email:
Coping Activities: (List specific activities for individual--take a walk, go run, shower, listen to music, etc.)
Means Restriction: (When appropriate--i.e. SM has elevated risk--consider specific plan to remove lethal means for harm and/or secure SM's safety and escort to emergency services)

Who Develops the Plan?

- Collaboratively developed by the leader and the service member in the unit
- All service members should have a plan
- Some resistant to develop a plan because they think they will never need one

Recognizing Warning Signs

- Safety plan is only useful if the Soldier can recognize the warning signs

- Ask “How will you know when the safety plan should be used?”

Using Internal Coping Strategies

- List activities that Soldiers can do without contacting another person
- Activities function as a way to help Soldiers take their minds off their problems and promote meaning in their life
- Coping strategies prevent suicide thoughts from escalating

Coping Strategies

- It is useful to have Soldiers learn to cope on their own with their suicidal feelings, even if it is just for a brief time.

- Ask “What can you do, on your own, if you become suicidal, to help yourself not to act on your thoughts or urges?”

Actions by the Soldier

- Examples:
  - Go for a walk
  - Listen to inspirational music
  - Take a hot shower
  - Walk the dog
  - Tell your battle buddy
  - Talk to a family member
  - Notify first line supervisor

Who to Contact

- List email addresses, numbers and/or locations of:
  - Battle Buddy
  - Chain of Command
  - Local urgent care services
  - Person Soldier will contact
  - Suicide Prevention Coordinator
  - Suicide Prevention Hotline 800-273-TALK (8255), press “1” if veteran

Identifying Obstacles

- Ask “How likely do you think you would be able to do this step during a time of crisis?”
- Ask “What might stand in the way of you thinking of these activities or doing them if you think of them?”
- Use a collaborative, problem solving approach to address potential roadblocks.

Means Restriction Counseling

- Restriction of means proven to increase likelihood of survival

- Options for restriction
  - Disposal
  - Removal by significant other or battle buddy
  - Locking in secured setting

What is the Likelihood of Use?

Ask: “What might get in the way or serve as a barrier to your using the safety plan?”

- Help the service member find ways to overcome these barriers.
- May be adapted for brief crisis cards, cell phones or other portable electronic devices – must be readily accessible and easy-to-use.

SUICIDE PREVENTION RISK FACTOR ASSESSMENT CARD

This card is for use by junior leaders to periodically assess Warriors and identify those who may need more support, Command attention, or professional services.

Instructions: The questions on the back of this card cover risk factors which are commonly seen in Warrior suicides. This card is an assessment tool for leaders to use based on their own knowledge of their subordinates. Items 1 and 2 are key demographics and coupled with positive responses to questions 3-12 increases a Warrior's risk for suicide. Any **Yellow** response represents elevated risk and requires leader-led informal counseling to assess a Warrior's level of stress. Any **Red** response requires action to include referral to the Commander/1SG for counseling, or referral to behavioral health. **Any Black response indicates immediate risk and requires a Command Directed Evaluation IAW DoDD 6490.1 and DoDI 6490.4.**

For Warriors you believe may be suicidal or at imminent risk, use the acronym "ACE." **Ask** "Are you thinking about suicide?" Be direct and nonjudgmental. Asking about suicide will not increase the chances the person will act on their thoughts. **Care** for them by listening. Confiscate weapons and ammunition. **Escort** to emergency room / higher-level of care. Never leave them alone or out of your sight!

Turn card over for Questionnaire >>>

USAPHC
http://phc.amedd.army.mil
TA-117-0711

Warrior's Name:		Rank:	Unit:	Date:
#	Risk Factors:	√	ACTION REQUIRED	
1.	Is the Warrior a male, age 25 or under? Has the Warrior just reported to his or her permanent duty assignment in the last 3 months?		• Know your Soldier! • Ask, Care, Escort! • Be willing to Intervene!	
2.	Has the Warrior had one or more previous deployments to Iraq or Afghanistan? Is the Warrior cross-leveled for deployment purposes? New to the unit?			
3.	Has the Warrior displayed a noticeable change in behavior recently, such as a decline in work performance or withdrawing from friends and/or co-workers?		• Know your Soldier! • Ask, Care, Escort! • Be willing to Intervene! • Mandatory Informal counseling with Unit Leadership • Refer to Unit Chaplain or Behavioral Health provider	
4.	Has the Warrior had significant problems with anger control in the past year, including road rage, domestic violence, or verbal and physical outbursts?			
5.	Has the Warrior had any drug or alcohol-related incidents in the past 12 months?			
6.	Does the Warrior have a personal history of Behavioral Health needs?			
7.	Is the Warrior pending nonjudicial punishment, under investigation by CID or any other agency, or facing UCMJ?		• Mandatory counseling with Company CDR &/or 1SG • Refer to Unit Chaplain or Behavioral Health provider • Consider Precautionary Watch	
8.	Has the Warrior recently experienced any stressful relationship problems? (This may include conflict within a marriage or a dating relationship.)			
9.	Has the Warrior experienced the loss of a significant relationship in the past month, such as a divorce, legal separation, break-up or death of a loved one?			
10.	Is the Warrior currently expressing any thoughts of hopelessness, worthlessness or depression? Showing signs of disturbed appetite, sleep, interest or motivation?		• Initiate Escort Watch Protection Procedures • Mandatory Command-Directed Referral action to Behavioral Health • Mandatory CCIR to higher echelon	
11.	Is the Warrior currently having thoughts or talking about Suicide as an answer?			
12.	Has the Warrior thought or talked about Homicide as an answer?			

The data recorded here contains individually identifiable health information and must be protected in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

LEADERSHIP IN ACTION

U.S. Army Soldier Leader Risk Reduction Tool (USA SLRRT)

INSTRUCTIONS FOR LEADERS

This tool is designed to help leaders identify potential risks among their Soldiers. If a Soldier has a concern or problem, provide him/her with options (suggestions are provided under "Leader Action" for each issue of concern), ensure that you follow up with him/her, and continue to address the plan of action as necessary. Document any pertinent issues of concern and the associated action plan on the Developmental Counseling Form, DA Form 4856.

Refer to Appendix B in the 'Guide for Use of the USA SLRRT' for a more complete list of resources available to assist Soldiers.

Leaders should consult with legal counsel if Article 31 rights may apply.

#	ISSUES OF CONCERN	LEADER ACTIONS
1	Has the Soldier been command referred for any assistance (e.g., legal, financial, spiritual, alcohol, family/relationship, behavioral health, other)? Does the Soldier wish to disclose receiving any similar types of assistance for which he/she was not command referred?	Refer Soldier to appropriate resources. Reserve Component (RC) ensure referral is with appropriate local resource.
2	Is the Soldier experiencing any difficulties getting the assistance he/she needs either on-post or off-post?	Refer Soldier to appropriate resources. RC ensure referral is with appropriate local resource. Follow-up with Soldier within 14 days to ensure that any difficulties have been overcome or resolved.
3	Has the Soldier been unsuccessful in meeting military requirements or standards (e.g., duty performance, PT, Battle Assembly participation (RC only), weight control, weapons qualification, MOS training)?	Develop and implement a plan of action to meet the requirements/standards. Closely monitor the Soldier's progress.
4	Has the Soldier received negative counseling or evaluations since arriving at the current unit or organization?	Determine if this is a current concern. Develop and implement a plan of action to meet the requirements/standards. Closely monitor the Soldier's progress.
5	Has the Soldier been denied promotion or attendance to schools, or barred from reenlistment for any reason?	Determine if this is a current concern. Develop and implement a plan of action to meet the requirements/standards. Closely monitor the Soldier's progress.
6	Is the Soldier currently undergoing a UCMJ action?	Ensure Soldier has adequate support, to include legal.
7	Does the Soldier have financial or employment concerns, such as inability to cover basic montly expenses, home foreclosure, difficulty meeting child support payments, or inability to repay loans?	Refer Soldier to unit or installation financial representative or Army Community Service Financial Readiness Program. RC ensure referral is with appropriate local resource.
8	Has the Soldier experienced an accident, injury, illness, or medical condition that resulted in current fitness for duty limitations?	Ensure Soldier has appropriate medical follow-up. Ensure updated medical profile in e-Profile.
9	Does the Soldier have a current medical profile (temporary or permanent)?	Ensure Soldier has appropriate medical follow-up. Ensure updated medical profile in e-Profile.
10	Does the Soldier have any concerns about medical care, medications or supplements he/she is taking?	Refer to Primary Care Manager or Military Treatment Facility (MTF). RC ensure referral is with appropriate local resource.
11	Is the Soldier currently experiencing problems related to sleep (e.g., trouble falling asleep, trouble staying asleep, performance problems related to sleep, consistently getting less than 7-9 hours of sleep, using alcohol or other substances to get to sleep)?	Refer to Primary Care Manager or MTF. RC ensure referral is with appropriate local resource.
12	Does the Soldier tend to withdraw or socially isolate himself/herself from others?	Refer to Unit Ministry Team (UMT), Primary Care Manager, MTF, or Unit Behavioral Health Team, as appropriate. RC ensure referral is with appropriate local resource.
13	Has the Soldier exhibited excessive anger or aggression in the past three months?	Refer to Unit Ministry Team (UMT), Primary Care Manager, MTF, Unit Behavioral Health Team, Anger Management, or other appropriate support. RC ensure referral is with appropriate local resource.
14	Is the Soldier experiencing serious marital/relationship issues, or immediate family concerns, such as a serious illness in a family member?	Refer to Army Community Services, Military Family Life Counselor, Military One Source, Unit Ministry Team (UMT), or Unit Behavioral Health Team, or other appropriate support. RC ensure referral is with appropriate local resource.
15	Has the Soldier been involved in any incidents of domestic violence or child abuse/neglect?	Refer to Family Advocacy Program. RC ensure referral is with appropriate local resource.
16	Has the Soldier experienced any condition that may be considered cruel, abusive, oppressive, or harmful, to include hazing or assault?	Connect Soldier with appropriate support (e.g. SHARP, EO, Family Advocacy, Unit Ministry, Primary Care Manager, MTF). RC ensure referral is with appropriate local resource.
17	Has the Soldier received a citation for speeding (10 miles over the posted limit) or reckless driving in the past 6 months?	Provide appropriate counseling to ensure Soldier understands good driving habits.
18	Has the Soldier been cited for engaging in risky behavior while in a vehicle (e.g., texting while driving, not utilizing a hands-free cell phone while driving, riding without a seatbelt)? Has the Soldier been informed that such activities are inherently unsafe, in violation of law and policy, and potentially punishable under UCMJ?	Provide appropriate counseling to ensure Soldier understands good driving habits. Ensure the Soldier has been informed that such activities are inherently unsafe, in violation of law and policy, and potentially punishable under the UCMJ.

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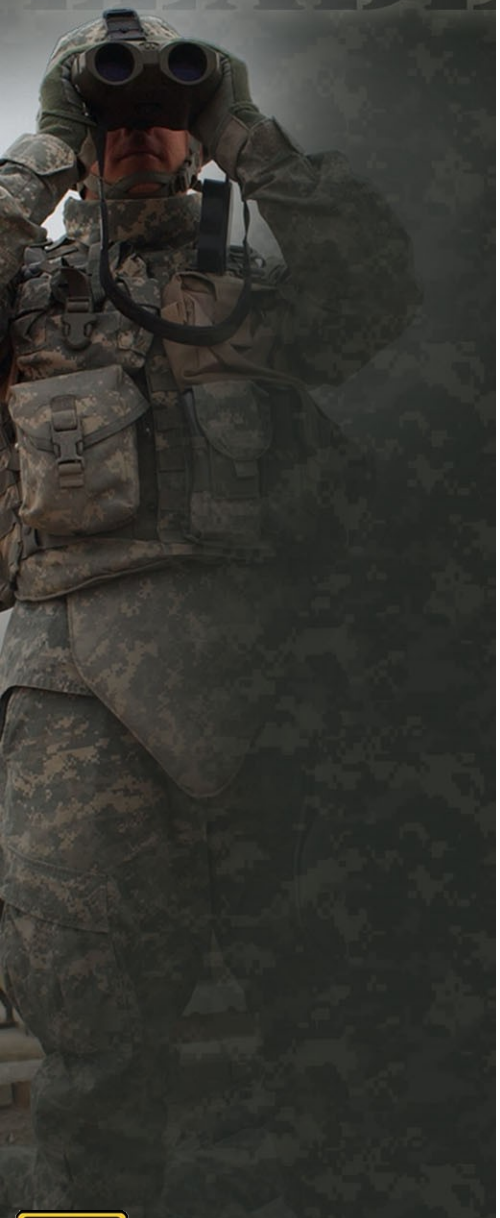
LEADERSHIP IN ACTION



U.S. Army Soldier Leader Risk Reduction Tool (USA SLRRT)

#	ISSUES OF CONCERN	LEADER ACTIONS
19	Does the Soldier drive a motorcycle?	Ask Soldier 19a.
19a	IF YES, Does the Soldier have the required privately operated motorcycle (POM) training IAW AR 385-10 and post requirement?	Perform a POM inspection; make copy of Soldier's license, registration (State and post), insurance and Motorcycle Safety Foundation (MSF) certificate. Keep on file. Discuss the POM policy and regulation regarding personal protective equipment (PPE) and mandatory training from an approved motorcycle rider safety course (MSF; Basic Rider Course (MANDATORY); Experienced Rider Course (if applicable in area of operations (AOR)); Military Sport Bike Rider Course (if applicable in AOR); and Military Refresher Training (MRT for those returning from deployment or commander's referral)). RC: Counsel Soldier to ensure he/she understands the requirement to wear all PPE at all times (not only while in a duty status).
20	Does the Soldier engage in any other potentially hazardous recreational activities while off-duty (e.g., skydiving, riding all-terrain vehicles, rock climbing)?	Encourage and ensure the Soldier takes a training course prior to engaging in high risk activities. Ensure Soldier uses appropriate PPE.
21	AR 190-11 requires all privately owned weapons that are brought onto military installations be properly registered with the Provost Marshall. Is the Soldier in compliance with the provisions of AR 190-11 as they apply to registration of privately owned weapons?	Counsel Soldier on the Weapons Safety "THINK". Treat every weapon as if it is loaded; Handle every weapon with care; Identify the target before you fire; Never point at anything you don't intend to shoot; Keep the weapon on safe. Ask Q21a.
21a	IF YES, Has the Soldier attended an approved fire arms safety class/course?	Note where and when the Soldier received the training. If not trained, encourage and ensure Soldier and family receive training.
22	Has the Soldier ever been involved in alcohol or drug related incidents (in the past 3 years) and/or tested positive on a urinalysis?	Refer to Army Substance Abuse Program at time of incident and closely monitor Soldier's progress. RC ensure referral is with appropriate service.
23	Has the Soldier deployed to a location where there was hostile fire or they received hazardous duty pay?	Does the Soldier have any current deployment related concerns? Refer to Primary Care Manager, MTF, or other appropriate support. RC ensure referral is with appropriate service.
24	Has the Soldier experienced difficulty coping with a loss (e.g., death of close friend, family member or team member, loss of social support)?	Refer to Unit Ministry Team (UMT), Primary Care Manager, MTF, Unit Behavioral Health Team, or other appropriate support. RC ensure referral is with appropriate service.
25	Has anyone (e.g., spouse, other family member, friends, fellow Soldier) expressed concern about the Soldier's behavior?	Obtain additional information as appropriate. Refer to Army Community Services, Military Family Life Counselor, Military One Source, Unit Ministry Team (UMT), Unit Behavioral Health Team, or other appropriate support. RC ensure referral is with appropriate service.
26	Has the Soldier expressed any suicidal thoughts or actions, or expressed a desire to harm others?	Escort Soldier to Installation Behavioral Health or MTF Emergency Room, as appropriate, and notify leadership. RC escort to local emergency room and notify leadership. Do not leave Soldier alone. Order Soldiers who possess privately owned weapons on post to store them in the unit arms room; ask Soldiers who possess privately owned weapons off post to voluntarily surrender them to the unit arms room. Consider ordering Soldier to reside in barracks for an evaluation period (3 days) if they choose not to voluntarily surrender weapons stored off post.
27	Based on the concerns above and leader's knowledge of the Soldier, the Soldier may be considered to be at low, moderate, or high risk if the statements below are representative. *Note: For Soldiers deemed to be at moderate or high risk, senior leadership (Battalion commander/equivalent or higher) should be notified.*	
	LOW	Soldier has no significant problems or has problems for which he/she is receiving appropriate support. The potential for adverse outcomes appears to be low.
	MODERATE	Behaviors or concerns that place the Soldier at risk of serious problems if not addressd through appropriate actions (e.g., Soldier experiencing serious financial, legal, family/relationship, alcohol, or other concerns, and is experiencing difficulty getting adequate assistance; Soldier exhibiting a pattern of serious risk taking behavior). Senior leadership (Battalion commander/equivalent or higher) should be notified.
	HIGH	Behaviors or concerns that potentially place the Soldier or others in danger or harms way (e.g., life threatening risk taking behavior, serious performance problems that jeopardize team members safety, threat to self or others). Senior leadership (Battalion commander/equivalent or higher) and appropriate support channels should be notified immediately.

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SUICIDE AWARENESS

Leadership Focus

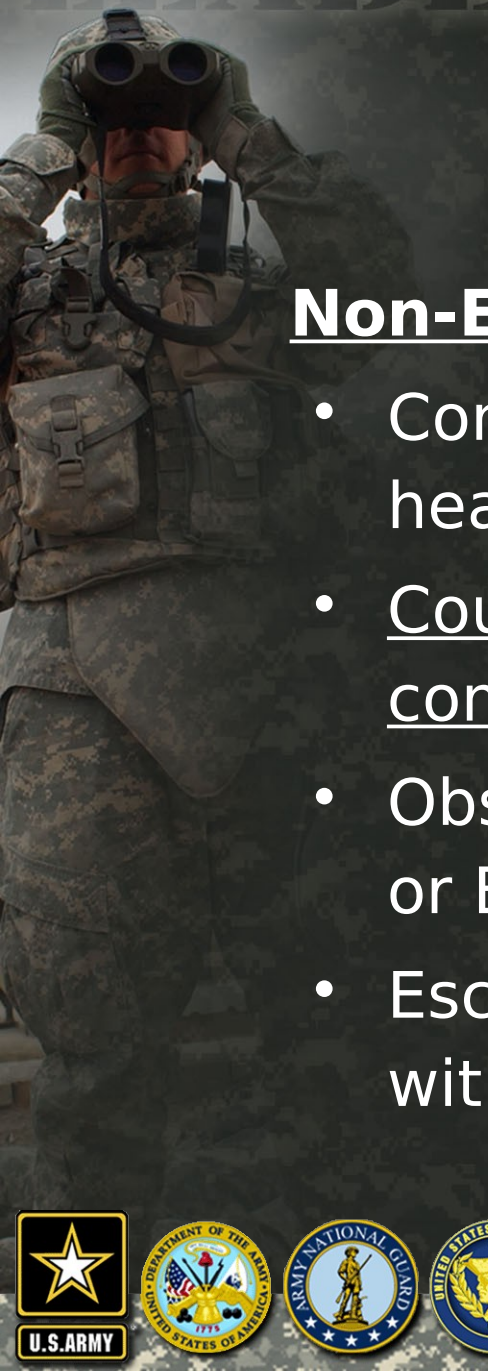
- Monitor Soldier access to services and programs that support the resolution of behavioral health, family, and personal problems.
- For Soldiers, comply with regulatory referral requirements to ASAP (IAW AR 600-85) .
- Review consistency of disciplinary actions for substance abuse/misconduct within and across your units.
- Coordinate training events for NCO, officer, and Civilian supervisors on recognizing symptoms of distress and dysfunctional behavior in their personnel.

How to Refer

Responsibility always rests with unit leadership

Emergency:

- Threat to life is imminent or severe.
- Consult with a behavioral healthcare provider or other healthcare provider, if behavioral health is not available.
- Escort immediately to the Emergency Room, Behavioral Health, Aid Station, Combat Stress Control Team, or the Chaplain.



How to Refer
(continued)

Non-Emergency:

- Consult with a chaplain or behavioral health care provider
- Counsel Soldier and give a copy of the command referral (DoDD 6490.1)
- Observe Soldier's rights to see SJA and IG or EAP for Civilians
- Escort the Soldier to behavioral health with command referral memorandum

Summary

Suicides can be prevented in the Army by:

- Securing appropriate interventions for those **at risk**;
- Minimizing **stigma** associated with accessing behavioral health care;
- Leaders **knowing** and **caring** about their Soldiers and Civilians;
- Leaders constructively **intervening early**-on in their Soldiers' and Civilians' problems;
- Leaders paying close attention & providing constructive interventions to all personnel **facing major losses** from work-related issues, failed relationships, and experiencing legal or financial problems.

SUICIDE PREVENTION STAND DOWN

LEADER RESOURCES

- Countless resources available across the web for suicide prevention
- Goal : create a focused and accessible set of resources to assist leaders both during the Stand Down and in Phase II sustainment operations
- Solution: BAMC Behavioral Medicine Suicide Prevention Stand Down web page
- Easy to Access: Google “BAMC”, click first result

BAMC Home Page

CLOSING REMARKS

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The Army's Home for Health